

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1D 539063

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1					
3		2					
4		4					
5		1					
6		6					
7		1					
8		1					
9		6					
10		1					
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		1					
19		2					
20		1					
21		1					
22		1					
23		1					
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			29				
TOTAL CLAIMS			30				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							